

October 23, 2013

VIA HAND DELIVERY

PUBLIC REFERENCE COPY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2013
WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Bristol Bay Telephone Cooperative (“BBTC”), SAC 613003 in Alaska, enclosed is a confidential version of BBTC’s FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The enclosed confidential version of the Form 481 Report has been marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

BBTC is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

BBTC respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on BBTC were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to BBTC as “trade secrets and commercial or financial information” under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with BBTC’s ongoing business and operations.

47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

BBTC requests that specific information in the Form 481 Report be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The information designated as confidential includes (1) information relating to BBTC's capability to maintain network functionality during emergency situations; (2) information relating to BBTC's outreach to and engagement with Tribal authorities; and (3) financial information filed with the Rural Utilities Service ("RUS").

Descriptive documents relating to the network functionality in emergency situations, Tribal lands, and financial information include confidential information and are marked "**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**"

Information relating to BBTC's capability to maintain network functionality during emergency situations, its outreach to and engagement with Tribal authorities, and non-public financial information provided to RUS is competitively sensitive information that BBTC maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on BBTC since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in BBTC's Form 481 Report, WC Docket No. 10-90.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on BBTC.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause BBTC competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of BBTC's business at a level of detail not currently available to the public.

Marlene H. Dortch, Secretary
Federal Communications Commission
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Measures taken by BBTC to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

BBTC has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which BBTC asserts that the material should not be available for public disclosure

BBTC cannot determine at this time any date on which this information should not be considered confidential.

Other information BBTC believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David L. Nace
Robert S. Koppel

Counsel to:
Bristol Bay Telephone Cooperative

Enclosure

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Todd A. Hoppe
<035> Contact Telephone Number: Number of the person identified in data line <030>	907-246-3403
<039> Contact Email Address: Email of the person identified in data line <030>	manager@bristolbay.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="613003ak510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="613003ak610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--	--

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<910>	Tribal Land(s) on which ETC Serves	Aleknagik Clarks Point Curyung Ekuk Manoktak Ekwok Igiugig King Salmon Levelock Naknek New Koligankek New Stuyahok South Naknek
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<920>	Tribal Government Engagement Obligation	613003ak920
		Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

	Select (Yes,No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<922> Feasibility and sustainability planning;	Yes
<923> Marketing services in a culturally sensitive manner;	Yes
<924> Compliance with Rights of way processes	Yes
<925> Compliance with Land Use permitting requirements	Yes
<926> Compliance with Facilities Siting rules	Yes
<927> Compliance with Environmental Review processes	Yes
<928> Compliance with Cultural Preservation review processes	Yes
<929> Compliance with Tribal Business and Licensing requirements.	Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	613003AK1210 <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	613003ak3017
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	613003AK3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	BRISTOL BAY TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/14/2013
Printed name of Authorized Officer:	Todd Hoppe
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	9072463403
Study Area Code of Reporting Carrier:	613003 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com
<810>	Reporting Carrier	Bristol Bay Telephone Cooperative, Inc
<811>	Holding Company	
<812>	Operating Company	

[illegible]

Bristol Bay Telephone Cooperative

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Bristol Bay Telephone Cooperative (“BBTC”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, BBTC:

- Discloses rates and terms of its voice services to customers.
- Provides contract terms to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Complies with the service standards promulgated by the State of Alaska.

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative

Line 610 – Functionality in Emergency Situations

REDACTED – FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative
Bristol Bay Cellular Partnership

Line 910-929: Tribal Lands Reporting

REDACTED – FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative

Line 3017 – Rate of Return Data

REDACTED – FOR PUBLIC INSPECTION

*Bringing you more from
your Cooperative!*



Bristol Bay Telephone Cooperative

Lifeline / Link Up Services Program

You could be getting local telephone service for as little as **\$1.00 a month** if you qualify!

The Lifeline/Link Up Program is funded through the Alaska Universal Service Fund to provide [financial help](#) to qualifying low-income telephone customers.

For anyone who qualifies, **Lifeline** pays for basic monthly telephone service on *one residential line* as long as the customer pays \$1.00 a month*.

For a qualifying **new** customer, the **Link Up** program pays 50% of the initial telephone connection fee to the customer's principal residence.

Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.


Your household is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household expenses include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. Income includes salary, public assistance benefits, social security payments,

pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

To qualify for Lifeline and/or Link Up services you must be receiving assistance from one or more of the following programs:

- Medicaid Program
- Food Stamps Program
- Supplemental Security Income (SSI) Program
- Federal Public Housing Assistance Program
- [Low Income Home](#) Energy Assistance Program
- Bureau of Indian Affairs General Assistance Program
- Temporary Assistance to Needy Families
- Head Start Programs
(only if you meet its income-qualifying standards)
- National School Lunch Program's *Free Lunch Program*
- Alaska Temporary Assistance program
- Alaska Adult Public Assistance Program
- Another state or federal "means test" social services assistance program

 Download a sign-up form, and fax or mail it to us.

- [Lifeline](#) form

If you are not enrolled in any of the above programs, but your annual combined household income is at or below 135% of the Federal Poverty Guidelines, you may also qualify for Lifeline and/or Link Up. You must provide income documentation. See details on the application form.

Call Bristol Bay Telephone Cooperative's Customer Service Department
today at
246-3403 or 800-478-9100 to see if you qualify for Lifeline/Link Up services!

* Custom Calling Features are not covered under the Program, but may be purchased separately and billed on customer's regular bill. A \$30.00 deposit will be required for customers not requesting free Full-Toll Restriction.

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907-246-3403 - Fax:
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Contact the [webmaster](#)